

# Saving Men's Lives

There is a silent health crisis adversely affecting the well-being of men of color. They have less access to needed care and their health outcomes are worse than those of both white men and all women. Men are systematically excluded from public health insurance programs and men of color are least likely to have private coverage.

While historically men have a shorter life expectancy than women, mounting data shows men of color are most likely to suffer chronic conditions that, left untreated, cost billions more than simple preventative and primary care. More focus is placed on African American men as this is the group for which most data is available. The absence of data for other populations draws attention to the lack of knowledge and the need for further research on men's health.

## THE COST IN LIVES LOST

- American men typically die almost five years before women do. For African American men, the gap is even greater at 11.8 years compared to White women.<sup>1</sup>
- African American men are affected more than any other group, in large part due to higher rates of hypertension and stroke. Forty percent of African American men die prematurely compared to 37 percent of Latino men and 21 percent of White men.<sup>2</sup>
- An estimated 189,000 American men will be newly diagnosed with prostate cancer this year alone, and 30,200 will die. African-American men have the highest incidence and mortality rates of prostate cancer in the world.<sup>3</sup>
- Men of color accounted for 65 percent of HIV cases reported among men in 2001. Of those, 43 percent are African American and 20 percent are Latino.<sup>4</sup>

## POSSIBLE REASONS

- Men are three times less likely than women to visit a doctor.<sup>5</sup> African American men and Latino men are less likely than White men to visit a doctor, even when they are in poor health.<sup>6</sup>
- Fully 46 percent of Latino men and 28 percent of African American men were uninsured in 1997, compared with 17 percent of White men, and the numbers are growing. Men of color were significantly less likely than White men to have employment-

based insurance and only 6-8 percent of Latino and African American men had Medicaid. Eligibility for public health insurance is tied to disability (often taking two years or more to process) or in all but 11 states, to being an on-site parent of a dependent child with no other means of support, excluding the bulk of men from coverage.<sup>7</sup>

- Even when men of color have insurance they are less likely to receive quality care and preventive services. As a result of the delay in care and less satisfactory services, they are more likely to receive drastic procedures like amputations and radical cancer surgery. The Institute of Medicine found disparities not only in access but also in how services were provided to minorities.<sup>8</sup>
- Men of color tend to suffer more from the basic social and economic conditions linked to poor health, including poverty, income inequality, low educational attainment, unemployment and housing discrimination.<sup>9</sup>
- Ironically, considerable sums of money are spent on prison inmates after incarceration to address health problems that may have contributed to their criminal behavior. Devoting smaller amounts of funds to health earlier to address substance abuse, mental health, and other problems might have kept these men healthy and out of jail.



*Community Voices*  
HEALTHCARE FOR THE UNDERSERVED  
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## **WORKING ON SOLUTIONS: W. K. KELLOGG FOUNDATION AND MEN'S HEALTH**

The W. K. Kellogg Foundation, recognizing the need for investment in this area, recently announced \$3 million in grants to deliver health services to poor men of color and develop an action plan for both government and health providers. This work grew out of the Kellogg Foundation's Community Voices: HealthCare for the Underserved initiative that first highlighted major gaps in services for minority men. Improving men's health has been identified as an area where too few services exist and too many are going without needed care.



In each funded program, access problems and health outcomes mirror those described above and are particularly concentrated in the minority communities served. Highlights of this innovative work include:

### **Baltimore City Health Department**

*Baltimore, Maryland*

The Baltimore City Health Department, in collaboration with Community Voices, has established a freestanding Men's Health Center serving a primarily African American population who are at high risk for chronic conditions like hypertension, diabetes, asthma, substance abuse and sexually-transmitted disease. Located in the west end of Baltimore, the Men's Health Center is a full-service primary care facility that provides health care at no charge to uninsured males, ages 19 to 64. Through this initiative, the center's sponsors aim to create a health home for men, avoid expensive emergency room use, improve health status and serve as a catalyst for policy innovation.

### **Boston Public Health Commission**

*Boston, Massachusetts*

Outreach is a hallmark of the Boston program. The Boston Public Health Commission is training young men of color to be community health workers, implementing case management teams, and developing a young men's health coalition. The coalition, HealthCREW, aims to create a unique brand of community worker who can apply a holistic framework to men's health through a nine-month training program culminating in certification and placement in community-based organizations after graduation. In addition, two case management teams will be established in conjunction with men's clinics at a hospital and a community health center. The teams work with men coming out of jail to link them to health care in the community and with victims of violence to address their many needs while connecting them to health care services.

### **Collins Center for Public Policy, Inc.**

*Miami-Dade County, Florida*

The Collins Center for Public Policy, Inc.—through Community Voices Miami and the Overtown Civic Partnership and Design Center—is working to identify and address specific health concerns of men in Overtown, a historically African American neighborhood in the City of Miami. This outcomes-oriented program seeks to engage residents; identify and address health and wellness issues; and facilitate the implementation of solutions both at the programmatic and policy levels.

### **Delta Community Partners in Care**

*Clarksdale, Mississippi*

In the Mississippi Delta, a predominantly African American area with 25 percent of people having no health insurance and over 40 percent living in poverty, this program is developing a comprehensive men's health delivery system. They are developing male-dedicated entry points using outreach and case management, allocating specific days in the three participating primary care clinics for male services, and conducting community-wide screening and education.

### **Denver Health System**

*Denver, Colorado*

Denver's comprehensive health system, consisting of the public hospital and its outpatient clinics, community health centers and other specialized programs, serves over 25 percent of the city's residents. Denver Health is using male community health advisors to increase access for its male users, three-quarters of whom are men of color. They aim to decrease expensive hospital and specialty care and to improve health outcomes by increasing enrollment of uninsured men, conducting community-based screening and case management and assuring continuity for those who are

dropouts or sporadic users as well as men being released from prison.

### Grady Teen Services

Atlanta, Georgia

The Grady Health System, the public care hospital centrally located in downtown Atlanta, is focusing on educating and counseling adolescent males on reproductive health issues. It aims to reduce the rate of unintended pregnancy, sexually-transmitted infections, and violence against women, and to improve the health of young men and increase their awareness of family well-being.

## POLICY STRATEGIES

Agendas at the national, state and local level to improve health for men of color needs to explore several fronts. Insurance coverage, community-based services, health workforce issues, and a focus on education and research are all important toward achieving the goal of improving the health of men of color.

**Insurance Coverage.** Lack of health insurance for men of color is a serious and worsening problem. Employment-related insurance is on the decline even in industries that have traditionally provided coverage, and the proportion of part-time and service-oriented jobs that do not offer insurance (but are most likely to be open to minorities) is growing. States are faced with shrinking revenues and budget crises, threatening already strapped public insurance programs. The lack of health insurance is an area where both short and long-term efforts can achieve results.

- In the short term, the trade bill signed in August 2002 provides a 65 percent tax credit to help cover health insurance premiums. The 65 percent credit can be used for COBRA, some state-arranged health plans and private health insurance in limited instances. While the tax credit is a first step at providing health insurance for unemployed workers, only 140,000 individuals are expected to benefit from this policy.
- State demonstrations toward universal coverage can be based on tax credits, expansion of public programs, or some combination of the two. This view is echoed in a recent Institute of Medicine report, *Fostering Rapid Advances in Health Care: Learning from System Demonstrations*.
- A number of states are interested in expanding State Children's Health Insurance Program to the parents of eligible children. The same approach can be examined for Medicaid.
- Some states have sponsored proposals to address coverage of specific conditions affecting men, or to encourage firms to offer employment-based insurance.



- Long-term solutions—ranging from tax credits and the expansion of public programs, to establishing a single-payer health system—need to be examined with men of color taking an active part in that debate.

**Community-Based Services.** The work of the Kellogg Foundation on men's health will provide a wealth of knowledge to draw upon. The expansion of existing programs offering outreach, screening, and case management, as well as comprehensive primary care can be a solid base on which to build a focus for men of color. Community-based programs also offer the opportunity to address some of the social and economic factors influencing health. In addition, states, localities, academic medical centers, and private charities can be encouraged to support community-based services that include a focus on men of color.

- The Bush Administration has proposed a major expansion of community health centers, aiming to impact 1,200 communities and increase the number of people served from 11 to 16 million by 2006. These organizations, administered by the Health Resources and Services Administration (HRSA), feature outreach and case management, community participation, culturally-sensitive services and clinical improvement efforts aimed at improving outcomes for some of the conditions that disproportionately affect men of color, such as diabetes, hypertension, and depression.
- Health centers are participants in four of the six Kellogg-funded programs, and numerous other centers sponsor their own men's health efforts. But resources are scarce. An across-the-board focus on men of color could help turn this growing program into a base for major improvement.
- The Centers for Disease Control and Prevention (CDC) have long supported community-based education and screening for specific populations, such as women at risk for breast and cervical cancer. These programs

along with Kellogg initiatives could serve as the basis for a new thrust aimed at high-risk men.

- The Ryan White HIV/AIDS program administered by HRSA, which funds states, cities, and community-based programs for education, prevention, case management and health services, could serve as another base for an increased focus on men of color.

**Workforce.** A focus on the health of men of color requires culturally-sensitive providers and health professionals. Specially trained community health workers can help make the important link between men and a more caring health system. Health professional training institutions can be encouraged to recruit minorities and to include cultural sensitivity and a community orientation in their curricula.

- States, localities, and academic medical centers could be encouraged to support training of community health workers.
- Engaging men of color as community health workers and care coordinators is important in efforts to provide outreach and case management to men of color. In addition, being a community health worker also provides an entry way to health/medical careers. Public policy options could explore ways to link the development of the community and economic development.
- A focus on men of color could be added to HRSA's and CDC's current programs to recruit, train, and retain health care providers. These might include minority recruitment efforts starting as early as grade and middle school, curriculum development for schools of medicine, nursing and public health, and National Health Service Corps recruitment and placement.

**Education, Research, and Advocacy.** At the national level, the issue of men's health is garnering attention. In 2001 and 2002, bills were introduced in Congress to establish an Office of Men's Health, charged with investigating men's health and taking the necessary actions to promote men's health. Additional bills and resolutions promote health education and awareness on specific issues affecting men's health such as obesity, prostate cancer, and pulmonary hypertension. These disease-specific approaches could be broadened by development of overall men's health agendas and community coalitions, a focus on men of color, more research, better data, and efforts to examine and deal with race and gender health disparities.

- Public education efforts could emphasize addressing access to care, disparities in outcomes, and the social and economic factors that are related to health.
- A series of health indicators and accompanying health data banks can be established to monitor and track conditions affecting men of color.

- Public health departments, labor unions, churches and charitable and academic institutions can be encouraged to discuss and collaborate on ways to improve the health of men of color.

## REFERENCES:

1. Miniño, AM et al. Deaths: Final data for 2000. National Vital Statistics Reports; Vol. 50, No. 15, Hyattsville, MD: National Center for Health Statistics 2000
2. Barnett, E et al (2001) Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality. Atlanta, GA: Office of Social Environment and Health Research, West Virginia University, and Centers for Disease Control and Prevention
3. Division of Cancer Prevention and Control. Prostrate Cancer: The Public Health Perspective. Atlanta, GA. Centers for Disease Control and Prevention 2002. Available at <http://www.cdcgov/cancer/prostate/prospdf/Prostate-FS2002.pdf>
4. Centers for Disease Control. HIV/Aids Surveillance Report. 2001:13(2)
5. Sandman D et al. "Out of Touch: American Men and the Health Care System" New York, NY: The Commonwealth Fund, March 2000
6. Brown E.R. et al (2000) Racial and Ethnic Disparities in Access to Health Insurance and Health Care. Los Angeles, CA: UCLA Center for Health Policy Research and The Henry J. Kaiser Family Foundation
7. Brown E.R. et al (2000) Racial and Ethnic Disparities in Access to Health Insurance and Health Care. Los Angeles, CA: UCLA Center for Health Policy Research and The Henry J. Kaiser Family Foundation
8. Smedley B.D., et al eds. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Washington, DC: National Academics Press 2003
9. Williams, D.R., "Race and Health: Trends and Policy Implications," in J.A. Auerbach and B.K. Krimgold, eds., Income, Socioeconomic Status and Health: Exploring the Relationships, Washington DC: National Policy Association, 2001